

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004975	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/09/2014
NAME OF PROVIDER OR SUPPLIER SAINT CATHERINE REGIONAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 MARKET ST CHARLESTOWN, IN 47111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of two (2) State complaints.</p> <p>Dates of survey: 09/08/14 through 09/09/14</p> <p>Facility number: 004975</p> <p>Complaint numbers: IN00153537 Unsubstantiated; lack of sufficient evidence IN00150616 Substantiated; deficiency related to allegation cited</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 09/25/14</p>	S 000		
S 930	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure a registered nurse evaluated and supervised the care provided by failing to ensure showers were given according to schedule for 6 of 6 patients (patients #5-10).</p>	S 930		9/9/14

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/29/14

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S 930	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. Review of patient #5's medical record indicated the following: (A) He/she was admitted on 6/1/14 and discharged on 6/5/14. (B) The medical record lacked evidence that the patient was given a shower during his/her stay. (Per review of shower schedule, he/she would have been scheduled for a shower twice during the stay.) There was no indication documented by nursing as to why the showers were not completed.</p> <p>2. Review of patient #6's medical record indicated the following: (A) He/she was admitted on 5/26/14 and discharged on 6/24/14. (B) The medical record lacked evidence that the patient was given a shower per the shower schedule during his/her stay. The record indicated he/she was given a shower on 6/3/14 and 6/24/14 only. There was no indication documented by nursing as to why the showers were not completed.</p> <p>3. Review of patient #7's medical record indicated the following: (A) He/she was admitted on 6/2/14 and discharged on 6/16/14. (B) The medical record lacked evidence that the patient was given a shower per the shower schedule during his/her stay. The record indicated he/she received a shower on 6/3/14 and 6/10/14 only. There was no indication documented by nursing as to why the showers were not completed.</p> <p>4. Review of patient #8's medical record indicated the following:</p>	S 930			

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S 930	<p>Continued From page 2</p> <p>(A) He/she was admitted on 8/26/14 and was a current patient.</p> <p>(B) The medical record lacked evidence that the patient was given a shower per the shower schedule. The record indicated he/she received a shower on 9/8/14 only. There was no indication documented by nursing as to why the showers were not completed.</p> <p>5. Review of patient #9's medical record indicated the following: (A) He/she was admitted on 8/25/14 and was a current patient. (B) The medical record lacked evidence that the patient was given a shower per the shower schedule. There were no showers documented for the patient and no indication documented by nursing as to why the patient had not received a shower.</p> <p>6. Review of patient #10's medical record indicated the following: (A) He/she was admitted on 8/27/14 and was a current patient. (B) The medical record lacked evidence that the patient was given a shower per the shower schedule. The record indicated that he/she received a shower on 9/9/14 only. There was no indication documented by nursing as to why the patient had not received showers per schedule.</p> <p>7. Staff member #1 (Chief Nursing Officer) indicated the following in interview beginning at 11:30 a.m. on 9/8/14: (A) Showers are given according to the shower schedule that is posted on the BHU. The policies do not specify the frequency of the shower.</p> <p>8. Staff member #8 (Informatics RN) verified in interview at 3:15 p.m. on 9/9/14 that the medical</p>	S 930			

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S 930	Continued From page 3 records above lacked evidence that the patients were given showers according to the shower schedule. 9. Review of shower schedule provided by staff member #1 indicated that each patient is scheduled for showers based on room # and that each patient would receive a shower 3 times a week if the schedule was followed. 10. Facility policy titled "SHOWER AND TUB BATH SAFETY" last reviewed/revised 5/14 addressed safety measures for taking a shower. The facility had no policy in place that indicated that the shower schedule that was posted was to be followed.	S 930			